Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	9/14/13	Address:	5164 Corley Ln.
Incident #:	13ISPC009252		Silver Lake, IN
County:	Kosciusko		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	l: Location (bedroom, kitchen, open air, o t apply) or Birch Reaction(s): <u>Trailer</u>	etc)	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s): <u>Trailer</u>			
Flammable Solvents: <u>Trailer</u>			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: <u>Trailer</u>			
Corrosive Base: <u>Trailer</u>			
Other (item and location):			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
☐ Yes ☑ No	<u>age 18 discovered</u> (check appropriate) (number present) not present but evidence they reside	unclean Estimated les occurring:	tions of home: clean disarray
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Health Depar	nent City, Township or County <u>Silver I</u> truent County: <u>Kosciusko</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: bbaxt	: slfd@townofsilverlake.com er@kcgov.com ax: 317-234-7595 or 317-234-7596
	ormation regarding this methamphetar Officer: <u>Brandon McBrier</u> Phon	nine laboratory, cont e <u>574-546-4900</u>	tact

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.